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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>10/049623</u>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		2		2			53		
4		1		1			54		
5		1		1			55		
6	1		1				56		
7		1		1			57		
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47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1				TOTAL IND.		
TOTAL DEP.		1		1			TOTAL DEP.		
TOTAL CLAIMS	1	1	1	1			TOTAL CLAIMS		